

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	PSW	32	2/12
FORMALITY REVIEW	H-S	866	0756779
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

BEST AVAILABLE COPY

Rejected	N	Non-elected
Allowed	I	Interference
.....	A	Appeal
Cancelled	O	Objected
Restricted		

Claim	Date
1	12/1/96
2	3/17/97
3	5/2/01
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

C.C.
C. C. 3/9/01

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